



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. MARY MEDICAL CENTER (HOBART)

City of Hospital: Hobart

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: St. Mary Medical Center

Email Address: kjradinovic@comhs.org

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$348660822
Outpatient Patient Service Revenue	\$502971877
Total Gross Patient Service Revenue	\$851632699

2. Deductions From Revenue

Contractual Allowance	\$585133445
Other Deductions	\$18302460
Total Deductions	\$603435905

3. Total Operating Revenue

Net Patient Service Revenue	\$248196794
Other Operating Revenue	\$2513024
Total Operating Revenue	\$250709818

4. Operating Expenses

Salaries and Wages	\$66677471	Employee Benefits	\$17150070
Depreciation and Amortization	\$14871440	Interest Expense	\$1391918
Bad Debt	\$0	Other Expenses	\$135769976
Total Operating Expenses	\$235860875		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14848943	Total Assets	\$192448015
Net Non-operating Gains over Loss	\$113503	Total Liabilities	\$35676401

Total Net Gains	\$14962446
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$464731905	\$357712420	\$107019485
Medicaid	\$117147806	\$91806643	\$25341163
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$269752988	\$135614382	\$134138606
Total	\$851632699	\$585133445	\$266499254

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$52969	\$-52969

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1177130	\$-1177130
Hospital Patients	\$0	\$0	\$0
Community Education	\$1865	\$506113	\$-504248

Number of Medical Professionals Trained	469
Number of Hospital Patients Educated	10967
Number of Citizens Exposed to Health Education Messages	208585

Statement Six: Charity Statement

Hospital Charity Charges	\$11871385
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1719518	
HCI Payments	\$0		
Subtotal	\$0	\$1719518	\$-1719518
Medicaid Shortfalls	\$28419551	\$41764470	
Subtotal	\$28419551	\$43483988	\$-15064437
DSH Payments	\$0		
Subtotal	\$28419551	\$43483988	\$-15064437
Medicare Shortfalls	\$103235317	\$122318412	
Other Government Programs	\$1013493	\$1162114	
Total	\$132668361	\$166964514	\$-34296153

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$20303	\$45567	\$-25264

Comments

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